

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
Dec 15, 2006
Secretary of State**

DOCUMENT# L05000106618

Entity Name: EFFICIENCY EXPERTS HVAC, LLC

Current Principal Place of Business:

13739 MELANIE AVENUE
HUDSON, FL 34667

New Principal Place of Business:

9425 SOUTHERN BELLE DR
WEEKI WACHEE, FL 34613

Current Mailing Address:

13739 MELANIE AVENUE
HUDSON, FL 34667

New Mailing Address:

9425 SOUTHERN BELLE DR
WEEKI WACHEE, FL 34613

FEI Number: 20-3751561

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATKINS, MICHAEL P
13739 MELANIE AVENUE
HUDSON, FL 34667 US

Name and Address of New Registered Agent:

WATKINS, MICHAEL P
9425 SOUTHERN BELLE DR
WEEKI WACHEE, FL 34613 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MICHAEL P WATKINS

12/15/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WATKINS, MICHAEL P
Address: 13739 MELANIE AVENUE
City-St-Zip: HUDSON, FL 34667

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WATKINS, MICHAEL P
Address: 9425 SOUTHERN BELLE DR
City-St-Zip: WEEKI WACHEE, FL 34613

Title: MGRM () Change (X) Addition
Name: COTHRAN, JUDITH
Address: 9425 SOUTHERN BELLE DR
City-St-Zip: WEEKI WACHEE, FL 34613

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAEL P. WATKINS

MGRM

12/15/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date